

❖ **OUT-OF-TOWN BUSINESS** ❖
SHORT FORM
APPLICATION

BUSINESS TAX APPLICATION

TAXPAYER # _____ SIC _____ New Bus./Change _____

Please complete **ALL SPACES** related to your business. Please type or print clearly in ink.

Section A

BUSINESS NAME: _____

CORPORATION NAME: _____

BUSINESS LOCATION: _____
Number Street City State Zip

BUSINESS MAILING ADDRESS: _____
Number Street City State Zip

BUSINESS PHONE NUMBER: () _____ FAX PHONE NUMBER: () _____

OWNERSHIP INFORMATION

Check one: ☐ SOLE OWNERSHIP (S) ☐ PARTNERSHIP (P) ☐ LTD. LIABILITY PTR. (L) ☐ CORPORATION (C)

PLEASE list information regarding the business owner(s), partners or corporate officers:

(LAST NAME/TITLE)	(FIRST NAME)	(M.I.)	(PHONE #)	(SOCIAL SECURITY #)	(DRIVERS LIC. #)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PRIMARY OWNER'S Home Address: _____
Number Street City State Zip

RESALE LICENSE # (sales tax) _____ FEDERAL TAXPAYER ID # _____ STATE TAXPAYER ID # _____ CONTRACTORS LICENSE # _____

SPECIFIC NATURE OF BUSINESS

Please specify the business activity(ies) and give a detailed summary of the services being provided or proposed to be offered:

*NOTE: Payment of business tax does not relieve the applicant (business) of the requirement to comply with Zoning, Health, Safety and other regulations of the City.

Section B

PRINT APPLICANT'S NAME: _____ PHONE NUMBER: _____

*I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

Signature of Owner or Authorized Representative _____

Date: _____